providing a surgical retractor including an elongate member defining a longitudinal axis, the elongate member including proximal and distal end portions and defining an opening therethrough to receive instrumentation, the distal end portion configured for insertion at least partially into an intervertebral space between adjacent opposed vertebrae and having two spaced apart retractor arms, each retractor arm including [having] first and second supporting surfaces;

[and wherein the step of] distracting [includes inserting] the adjacent vertebrae by at least partially inserting the retractor arms of the retractor within the intervertebral space whereby the first and second supporting surfaces of each retractor arm respectively engage and laterally displace the adjacent opposed vertebrae; and performing the surgical spinal procedure.

3. (Amended) The method according to claim [1] 2 wherein the step of performing the sargical spinal procedure includes introducing surgical instrumentation within the opening of the surgical retractor, the surgical instrumentation being utilized to perform the surgical procedure.

(Amended) [The] A method [according to claim 1 wherein the surgical retractor includes] for performing a surgical spinal procedure comprising:

providing a surgical retractor including an elongate member having proximal and distal end portions and defining an opening therethrough to receive instrumentation, the distal end portion configured for insertion at least partially into an intervertebral space between adjacent opposed vertebrae, the elongate member including at least one slot defined in an outer wall surface portion thereof [and wherein the step of performing the surgical procedure includes];

distracting the adjacent vertebrae by at least partially inserting the distal end of the retractor within the intervertebral space; and

introducing surgical instrumentation within the slot of the elongate member to perform the surgical procedure.

sleeve member [having] including proximal and distal end portions and defining a longitudinal axis, the elongated sleeve member defining a longitudinal passageway for reception of surgical instrumentation, the distal end portion having first and second retractor arms extending in a general longitudinal direction, each retractor arm having first and second opposed supporting surfaces for engaging respective opposed adjacent tissue portions, each retractor arm defining a dimension between the first and second supporting surfaces sufficient to distract the opposed tissue portions upon insertion thereof.

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15. (Amended) A surgical retractor for use in distracting adjacent vertebrae, the retractor comprising:

defining a longitudinal passageway therebetween; and

first and second retractor arms extending longitudinally from the distal end of the elongate <u>sleeve</u> body, each retractor arm defining a first vertebra supporting surface to contact a first vertebra and a second vertebra supporting surface to contact a <u>second vertebra</u>, the first and second vertebra supporting surfaces of each retractor arm being spaced thereon at a predetermined distraction distance.

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18. Amended) A [The] surgical retractor for use in distracting adjacent vertebrae, [according to claim 17 wherein] comprising:

an elongate body having a proximal end and a distal end and defining a longitudinal passageway therebetween; and

end of the elongate body, each retractor arm defining a first vertebra supporting surface and a second vertebra supporting surface, the first and second vertebra supporting surfaces of each retractor arm [are] being spaced thereon at a predetermined distraction distance and in general parallel relation with each other and to the longitudinal axis of the elongate body.

Please cancel claims 20-21 without prejudice.

Please add the following new claims:

(New) A method for performing a surgical procedure comprising:

providing a surgical retractor including an elongate sleeve member having proximal and distal end portions and defining an opening therethrough to receive instrumentation, the distal end portion configured for insertion at least partially into an intervertebral space between adjacent opposed vertebrae;

distracting the adjacent vertebrae by at least partially inserting the distal end portion of the sleeve member within the intervertebral space;

inserting instrumentation through the opening in the surgical retractor; and performing the surgical spinal procedure.

23. (New) The method according to claim 22 wherein the step of performing the surgical spinal procedure includes utilizing the instrumentation inserted through the opening in the surgical retractor to perform the surgical spinal procedure.

24. (New) The method according to claim 23 wherein the elongate sleeve member of the surgical retractor defines an axial opening and wherein the step of inserting includes positioning instrumentation through the axial opening to perform the surgical spinal procedure.

 12^{28} . (New) A method for performing a surgical procedure comprising:

providing a surgical retractor including an elongate hollow member having proximal and distal end portions, the distal end portion having first and second stationary retractor arms configured for insertion at least partially into an intervertebral space defined between upper and lower opposed vertebrae;

distracting the adjacent vertebrae to a predetermined distracted position by at least partially inserting the retractor arms within the intervertebral space; and performing the surgical spinal procedure.

(New) The method according to claim 28 wherein each retractor arm includes first and second opposed supporting surfaces and wherein the step of distracting includes at least partially inserting the retractor arms whereby the first and second supporting surfaces of each retractor arm respectively engage the upper and lower vertebrae.

27. (New) A surgical retractor instrument comprising an elongated sleeve member including proximal and distal end portions and defining a longitudinal axis, the elongated sleeve member defining a longitudinal passageway for reception of surgical instrumentation, the distal end portion having first and second stationary retractor arms extending in a general longitudinal direction, the retractor arms being spaced at a predetermined distraction distance sufficient to distract the opposed tissue portions upon insertion thereof.